

Our Lady of Lake Huron
Required Daily Health Screening
(This will act as the student's daily entry ticket)

The safety of our students and staff is our top priority. We will continue to monitor the Coronavirus/COVID-19 outbreak and need your help in completing this form **daily** for your child(ren). If this form is not completed, then the student's temperature will be taken by school personnel.

Student name(s): _____

Date: _____

Parent/Guardian Signature: _____

1. Has the student had any recent symptoms of undiagnosed fever, cough, shortness of breath, sore throat, muscle aches, headache, new loss of smell or taste, vomiting, or diarrhea?

_____ YES _____ NO

2. Has the student lived with, or had close contact with, someone in the last 14 days diagnosed with or displaying the symptoms of COVID-19?

_____ YES _____ NO

3. Has the student been in close contact with an individual who has tested positive or is being treated for COVID-19?

_____ YES _____ NO

4. Does the student have a temperature that is out of the normal range (96.6[®] to 99.7[®])?

_____ YES _____ NO

Student's temperature _____

(Please record your child's temperature as of this morning. If your child's temperature is above 100.4[®] then child is to remain home).

5. In the last 14 days have you traveled outside the State of Michigan **without** following CDC guidelines for social distancing and wearing masks or have you traveled to countries with widespread ongoing transmission?

_____ YES _____ NO

If you answered yes to any of the questions, then your child should not report to school. Please contact the school to report the absence. Also, please contact your medical provider for assistance.

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